

Patient-Centered Medical Home Advisory Council
Meeting Minutes
December 7, 2011

Members on the Phone- **Dr. Deborah Agnew**, Billings Clinic Pediatrician; **Dr. Doug Carr**, Billings Clinic; **Dr. Paul Cook**, Rocky Mountain Health Network; **Dr. Jonathan Griffin**, St. Peter's Medical Group; **Kristin Juliar**, Montana Office of Rural Health; **Carol Kelley**, Bozeman Deaconess Internal Medicine Associates; **Todd Lovshin**, Allegiance Life and Health Company; **Bill Pfingsten**, Bozeman Deaconess Health Group; **Dr. Tom Roberts**, Western Montana Clinic; **Bernadette Roy**, CHC-Partnership Health Center; **Dr. Jerry Speer**, Benefis Health System; **Dr. Rob Stenger**, Grant Creek Family Practice, St. Patrick's Hospital; **Cindy Stergar**, CHC-Butte Silver Bow Primary Care Clinic; Dr. JP Pujol, New West; Will Robinson, National Committee on Quality Assurance (NCQA);

Members in Person- **Paula Block**, CHC-Montana Primary Care Association; **John Hoffland**, DPHHS Medicaid, Passport to Health; **Loren Schrag**, HealthShare Montana; **Dr. Bob Shepard**, New West Health Services; Janice Mackenson, Mountain Pacific Quality Health;

Members Absent- **Kristina Davis**, Children's Defense Fund; **Dr. Janice Gomersall**, Montana Academy of Family Physicians; **Dr. Jay Larson**, Independent Provider; **Kirsten Mailloux**, EBMS; **Bob Olson**, MHA; **Dr. Fred Olson**, BCBS MT; **Claudia Stephens**, Montana Migrant and Seasonal Farm Worker Council; **Lisa Wilson**, Parents, Let's Unite for Kids-PLU; **Rick Yearry**, Regional Extension Center

The meeting was called to order at 1:01 PM by Chairman, Dr. Bob Shepard.

1. Discuss council membership/quorum issues
At the last meeting on November 16th, the council was not able to conduct official business because a quorum was not present. Six members fell outside the 60% attendance requirement previously established. The group clarified that subcommittee attendance did not count toward the 60% requirement, only full advisory council meetings. Dr. Shepard has contacted the six and heard back from three that they wished to continue and would commit to increased attendance. Dr. Shepard will address the issue with the remaining three members. The council discussed allowing organizations to establish official alternates whose presence would count toward a quorum.
2. Review of discussion from November 16th meeting for potential decisions at this meeting
The group present on the 16th generally discussed legislative options with CSI General Counsel Christina Goe. Christina described various routes the council could take for legislative recommendations to the Commissioner and discussed a timeline for legislation to be effective. The Council decided to adopt the notes as minutes of the Advisory Council.
3. Reports from subcommittees
 - a. Framework for Payment

A new draft framework for payment was sent out to members on November 28th that was reviewed at the subcommittee meeting on November 30th. Several issues with the quality section were discussed and Dr. Carr has already begun revising the document which will be posted shortly. Members agreed on the value of creating a uniform contract template for providers and payers across the state and the subcommittee will work on a draft contract template to propose for discussion. A contract template would be a recommendation from the council and would help create more transparency around the process. Payers will be asked to respond to the draft.

HealthShare MT suggested the possibility of their organization streamlining the payer/provider contract process by using them as an intermediary. Dr. Carr replied that a standard contract would still need to be established, and it will be cleaner and simpler to proceed with simply making an addendum to existing contracts. A provider member was inclined to the HealthShare MT proposition because of the advantages of having a neutral party in the process. Having the payers align with a neutral organization that providers interact with, could level the playing field.

There was follow-up discussion on the CMS RFP and Dr. Shepard offered to collaborate with the other payers on response letters to CMS. Pacific Source will be included in the discussion as they will be domiciled in Montana as of January 2012.

Dr. Shepard moved that the Framework for Payment notes and the last council meeting notes be accepted by the council. The motion was seconded and approved unanimously.

b. Quality Metrics

No substantial changes were made to the matrix which is now finalized. The subcommittee is submitting it to the council for acceptance. A member noted that alcohol use and substance abuse was not included in the list of metrics. The group agreed those metrics should be considered before the council accepts the matrix. Dr. Shepard asked that providers look at their EMR's to see how substance abuse information is captured for the subcommittee to reference as they edit the matrix. The matrix will be revisited in two weeks at the next council meeting. Phase I and Phase II references to the metrics meant to distinguish between the metrics to be addressed now and the metrics to be addressed later.

Subcommittee members discussed the advantages and disadvantages of using absolute or relative benchmarks. Members agreed that to be most accommodating to practices beginning a PCMH, it would be best to have a combination of both types of benchmarks. There would be a minimum threshold established. After meeting that, each practice should be able to load their data and then decide where their relative benchmarks should be set. The subcommittee also came to a consensus that the council should

begin work with HealthShareMT on how quality metrics will be integrated into their technology.

NCQA explained that physician HEDIS measures and those that are specified for health measures, are being updated in a three-year process, one-third are being updated for ICD10 each year. He will send out a website with this information to the list serve.

Dr. Shepard made a motion that the council vote to accept the notes from the QM subcommittee and that the council recommends proceeding with discussions with HealthShare MT on quality metrics. A member was concerned about the Commissioner's authority to move forward with making a decision on discussions with another entity. Dr. Shepard reminded the council that the council was not involved in the selection of HealthShare MT as the designated technology platform for PCMH in the state. The intention of the council in working with HealthShare MT is not exclusive of other vendors but an effort to get information and move toward a pilot program. BCBS's selection of HealthShare MT for their current single-payer program may have implications for a state-wide project, but the governing entity of such a project would need to make a vendor selection in accordance with the laws. The council needs to define two things with HealthShare MT – 1. The data set that would be necessary for calculation of the metrics, 2. The algorithms used to calculate the performance of any individual provider group.

Dr. Shepard reminded the council of his motion, his motion was seconded, and all members except one voted to accept the notes from the QM subcommittee and for the council to proceed with discussions with HealthShare MT on quality metrics.

4. Discuss PCMH legislation to give guidance to CSI staff drafting a proposal. Rhode Island and New York's legislation were added to the website for the group's consideration. Dr. Shepard guided the group through the Memo from CSI on legislative options. The general consensus was to proceed with simple and short legislation. The group understands it needs to consider "Whereas" clauses for legislation to show the purpose of the legislation, the agency with authority to oversee a pilot project, and the structure of the governing board.

The council voted on the types of legislative choices outlined in the CSI Memo:

- 1) Threshold question
 - a. **All members but two voted for a simple bill that designates an authority and grants it administrative and rule making authority or "filling-in" necessary details, in consultation with a board or commission.**
 - b. Two members voted that they were unsure due to lack of information and understanding of the concept.

- 2) The council voted unanimously to delay deciding on the “Whereas” clauses until January. Members need more examples of “Whereas” clauses to consider and more time to think about which ones they prefer.
- 3) Authority decisions:
 - a. Members voted unanimously to wait until they have considered the pros and cons of granting authority to various state officials – commissioner, governor, or attorney general – before deciding on one.
 - b. Members voted unanimously to also wait on deciding on the kind of authority that should be specified in legislation.

The council needs more information on the following in order to proceed in giving guidance to CSI staff for drafting legislation:

- more examples of “whereas” clauses from other states**
- the pros and cons of each state agency/official having oversight**
- the pros and cons of a state agency vs. a board/commission having oversight**

5. Discussion of updated work plan

After brief discussion, the council decided they wanted more time to review the plan and will go over the document in more detail in two weeks.

6. Updates on old business

- a. CMS RFP- The payers who submitted a LOI will work together on responses.
- b. Survey results- The council did a preliminary review of the results that had come in so far before the deadline on December 9th. They were pleased to see a good overall response and will analyze the results on Dec. 21 to determine what they tell us about how to proceed with educational outreach.
- c. Report on Health Care Cost Database Advisory Council meeting

Dr. Shepard, Dr. Roberts, and Todd Lovshin also sit on this council. The legislation that set up the council is to explore the pros, cons, costs, and benefits of having all of the payers in the state submit sample claims to a database for analysis. The council reviewed a report done by the University of Montana Bureau of Business and Economic Research (BBER) based on initial analysis of other states that have a database. The council discussed how the data could be used and how the data has been collected and used in other states. The council also discussed the purpose of the data base and agreed it would provide a comparison of costs across the state for patients to view through a patient portal. There was discussion around the issues payers have with a data center regarding confidentiality and trade secrets. Council members also briefly discussed drafting legislation that would compel payers to submit data to the database and compel providers to submit data on the uninsured for a much richer database.

7. Additional agenda items

Loren Schrag announced his resignation from HealthShare MT effective December 16th. He has a contract with HealthShare MT to continue his work with them until a new executive director is selected so he will remain on the council.

8. Next steps

- a. The Quality Metrics Subcommittee is to review and finalize the metrics for the council to adopt at the next meeting.
- b. The Quality Metrics Subcommittee is to propose a process for initiating discussions with HSM once the matrix is adopted.
- c. The Framework for Payment Subcommittee is to review the latest draft framework and finalize it for the council to adopt.
- d. CSI staff is to gather the additional details the council requested on legislation options for the council to review and make decisions.

Meeting adjourned at 2:38 PM